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| **COURSE DATE** | **TOPIC**  **(Educational Focus Required for Field Care Audits)** | **INSTRUCTOR BASED**  **HOURS**  **OFFERED** | **NON-INSTRUCTOR BASED**  **HOURS OFFERED** | **CONVERTED HOURS (Instructor/**  **Non-Instructor Based)** |
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| **TOTAL HOURS OF EACH COLUMN** |  |  |  |
| **COMBINED TOTAL OF TWO COLUMNS** |  | |  |

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| --- | --- | --- | --- | --- |
| **Program Director’s Signature:** | **Date:** |  |  |  |

**Please complete this form and submit by January 31, 2025 to:**

County of Los Angeles

Emergency Medical Services Agency

10100 Pioneer Blvd, Suite 200

Santa Fe Springs, CA 90670